

Quarter 1 | 2017

Presented August 2017





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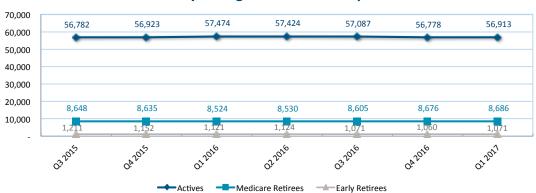
## ANNUAL MEMBERSHIP SUMMARY

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MEMBERSHIP COMPARISON					PERCENT CHANGE			
	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q1 17/Q1 16
Actives	56,782	56,923	57,474	57,424	57,087	56,778	56,913	-1.0%
Early Retirees	1,211	1,152	1,121	1,124	1,071	1,060	1,071	-4.5%
Medicare Retirees	8,648	8,635	8,524	8,530	8,605	8,676	8,686	1.9%

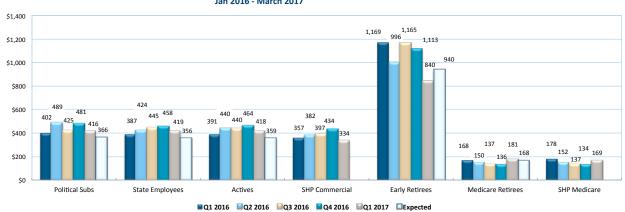
## MEMBERSHIP TREND

#### **Quarterly Changes in Membership Trend**



### PMPM SUMMARY

#### Per Member Per Month Quarterly Average Jan 2016 - March 2017



<sup>\*</sup>Incurred between January 1, 2016 and March 31, 2017 and paid through May 31, 2017. Includes IBNR for January 2016 through March 2017, as of May 31, 2017.

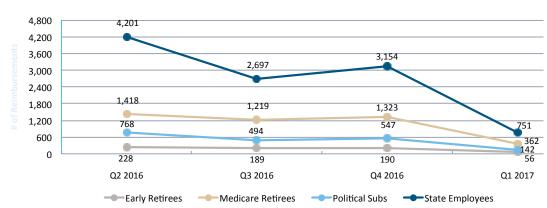
<sup>\*\*</sup>Historically, 98% of claims will be accounted for within 90 days of the effective date.

<sup>\*</sup>Medicare Retirees PMPM excludes prescription drug coverage (Medicare Part D).

### Summary

### FITNESS CENTER REIMBURSEMENT

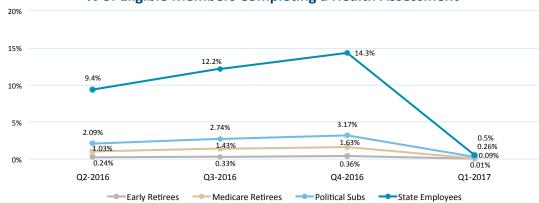




<sup>\*</sup>Activity decline is the result of the wellness program suspension effective January 1 through May 31, 2017.

### **HEALTH ASSESSMENT**

#### % of Eligible Members Completing a Health Assessment

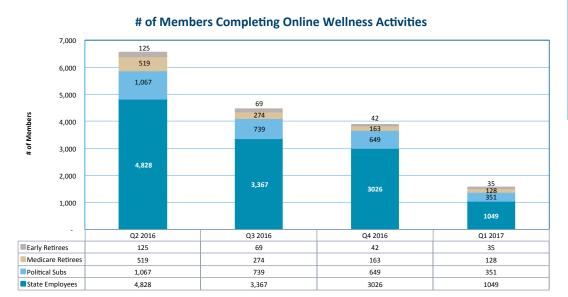


<sup>\*</sup>Activity decline is the result of the wellness program suspension effective January 1 through May 31, 2017.

<sup>\*</sup>Gym reimbursements in Q1 reflect unpaid 2016 gym activity. Gyms had until February 8, 2017 to submit 2016 gym activity.

## **ONLINE WELLNESS ACTIVITIES**

## Summary



<sup>\*</sup>Activity decline is the result of the wellness program suspension effective January 1 through May 31, 2017.

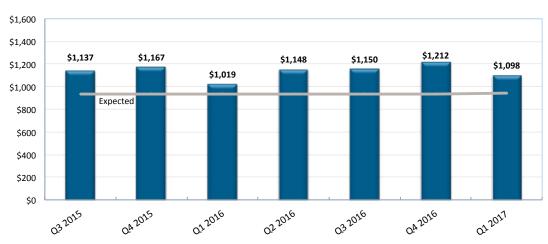
	Sanford Health Plan – NDPERS EGWP			
Description	1H16	1H17	Change	
Avg Members per Month	8,526	8,696	2.0%	
Number of Unique Patients	8,069	8,278	2.6%	
Pct Members Utilizing Benefit	94.6%	95.2%	0.6	
Total Days	6,098,596	6,384,389	4.7%	
Total Adjusted Rxs	223,255	233,940	4.8%	
Average Member Age	74.8	75.0	0.3%	
Nbr Adjusted Rxs PMPM	4.36	4.48	2.7%	
Generic Fill Rate	89.6%	91.3%	1.7	
Home Delivery Utilization	1.0%	1.2%	0.2	
Member Cost %	23.3%	21.3%	-1.9	
Specialty Percent of Plan Cost	26.5%	31.2%	4.8	
Formulary Compliance Rate	98.8%	99.0%	0.2	

<sup>\*</sup>This data was prepared by Express Scripts Inc. (ESI)

### Claims Analysis

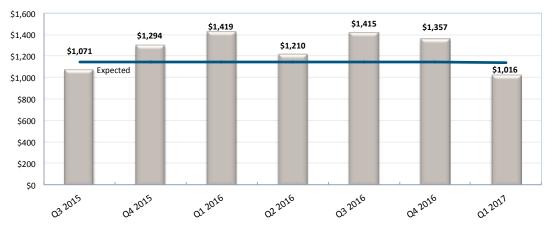
## PAID CLAIMS PER CONTRACT PER MONTH

### **AVERAGE QUARTERLY INCURRED CLAIMS PER CONTRACT Actives**



<sup>\*</sup>Incurred between July 1, 2015 and March 31, 2017 and paid through May 31, 2017. Includes IBNR for July 2015 through March 2017 as of May 31, 2017.

### **AVERAGE QUARTERLY INCURRED CLAIMS PER CONTRACT Early Retirees**



<sup>\*</sup>Incurred between July 1, 2015 and March 31, 2017 and paid through May 31, 2017. Includes IBNR for July 2015 through March 2017 as of May 31, 2017.

<sup>\*</sup>Historically, 98% of claims will be accounted for within 90 days of the effective date.

<sup>\*</sup>NDPERS Active contracts have approximately 2.62 members per contract.

<sup>\*</sup>Historically, 98% of claims will be accounted for within 90 days of the effective date.

<sup>\*</sup>NDPERS Early Retirees contracts have approximately 1.22 members per contract.

## AVERAGE QUARTERLY INCURRED CLAIMS PER CONTRACT Medicare Retirees



\*Incurred between July 1, 2015 and March 31, 2017 and paid through May 31, 2017. Includes IBNR forJuly 2015 through March 2017 as of May 31, 2017.

Claims Analysis

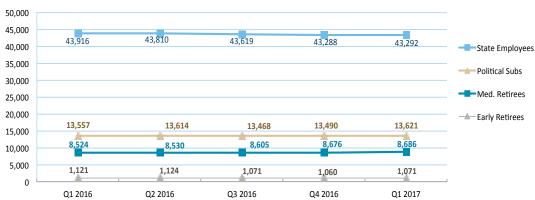
 $<sup>^*</sup>$ Historically, 98% of claims will be accounted for within 90 days of the effective date.

<sup>\*</sup>NDPERS Medicare Retirees contracts have approximately 1.34 members per contract.

### Membership & Utilization

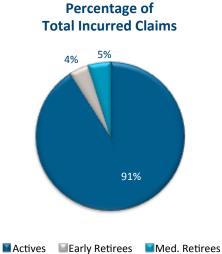
### MEMBERSHIP PERCENTAGE





# **Percentage** 13% 2% 85%

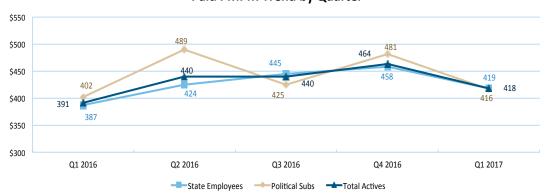
Membership by



## ■Actives ■Early Retirees ■Medicare Retirees

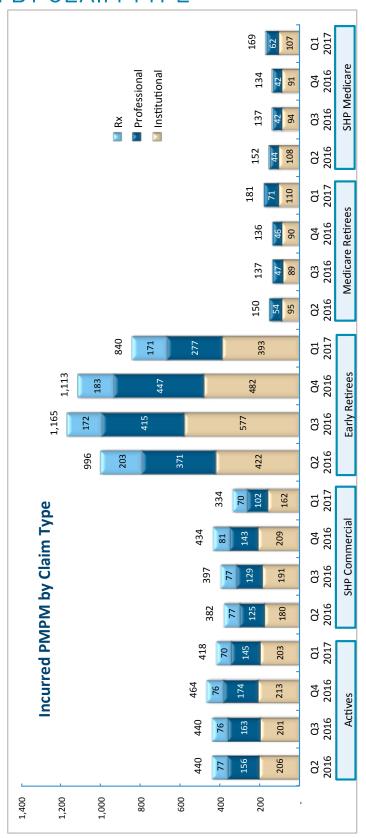
### PAID PMPM TREND BY QUARTER

#### **Paid PMPM Trend by Quarter**



<sup>\*</sup>Incurred between January 1, 2016 and March 31, 2017 and paid through May 31, 2017. Includes IBNR for January 2016 through March 2017 as of May 31, 2017.

## PMPM BY CLAIM TYPE

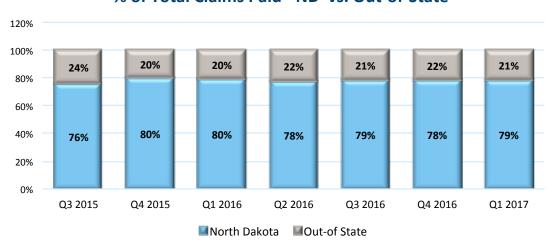


<sup>\*</sup>Incurred between April 1, 2016 and March 31, 2017 and paid through May 31, 2017. Includes IBNR for April 2016 through March 2017 as of May 31, 2017.

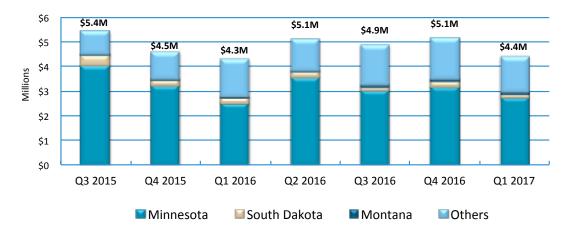
### Membership & Utilization

## PAID CLAIMS BY STATE

### % of Total Claims Paid - ND vs. Out-of-State



#### Avg. Quarterly Medical Spend by State for Out of State Services



<sup>\*</sup>Paid Claims by State charts include both active and retiree membership.

## MEMBER RISK PROFILE & UTILIZATION

	NDPERS	SHP BoB
Average Age	35.11	33.65
% Male (Current)	49.17	44.74
Average Risk Score	1.25	1.11
Average Care Gap Index	1.31	1.04
Inpatient Days Per 1000	287	274
Total Admissions Per 1000	64	71
ER Visits Per 1000	219	165
Total Office Visits Per 1000	4,295	4,014
Pharmacy Scripts Per 1000	8,532	9,280

<sup>\*</sup>Incurred between April 1, 2016 and March 31, 2017 and paid through May 31, 2017.

# Membership & Utilization

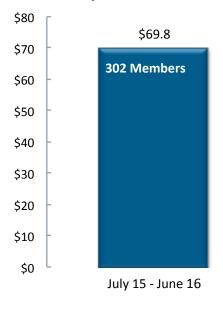
<sup>\*</sup>All data was normalized using Verisk's methodologies and algorithms.

<sup>\*</sup>NDPERS includes Political Subdivisions, Early (Pre-Medicare) Retirees and State Employees.

### High Dollar Cases

## **ACTIVES**

## **Total Paid for High Dollar Claimants** (over \$100,000/member) - Actives



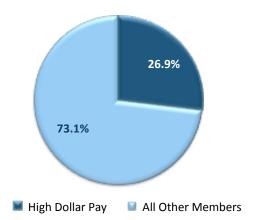


July 16 - Mar 17

**High Claimant Actives as** % of Total Payments

July 2016 - Mar 2017

Avg. Paid/Case	\$202,303	
% of Total Payments	26.9%	



### High Dollar Cases

## **EARLY RETIREES**









July 16 - Mar 17

\$183,999

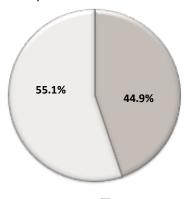
44.9%

Avg. Paid/Case

% of Total Payments

**High Claimant Early Retirees as** % of Total Payments

July 2016 - Mar 2017

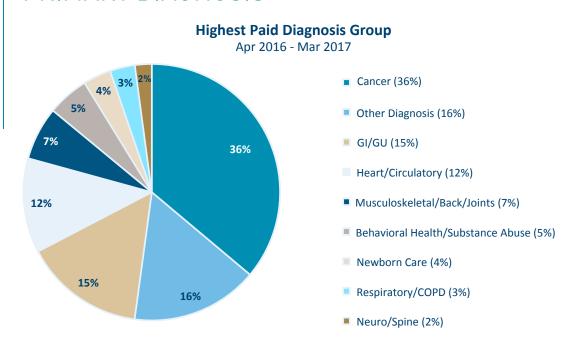


High Dollar Pay

All Other Members

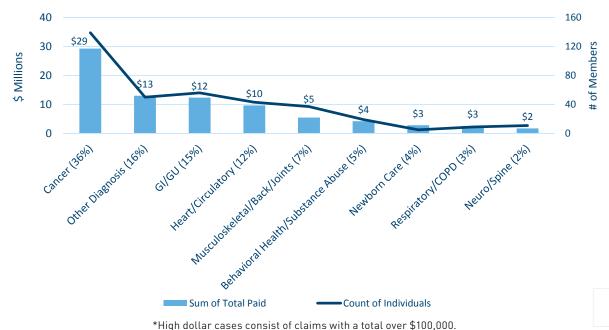
## High Dollar Cases

## PRIMARY DIAGNOSIS

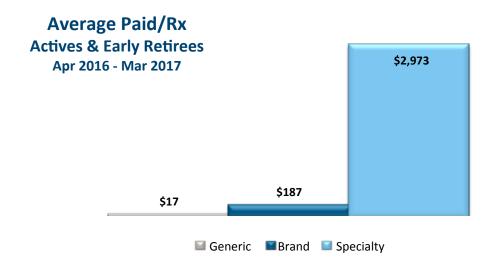


### Highest Paid Diagnosis Group w/ Member Count

Apr 2016 - Mar 2017

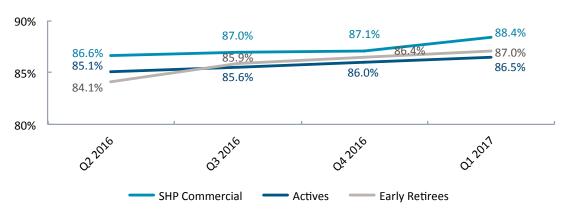


### **GENERIC UTILIZATION**



Prescription Drugs

### Generic Utilization Rate # of Rx Claims



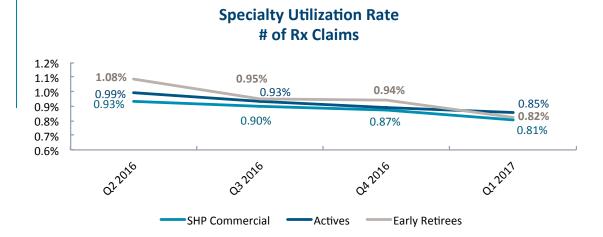
### Generic Utilization Rate \$ of Rx Claims



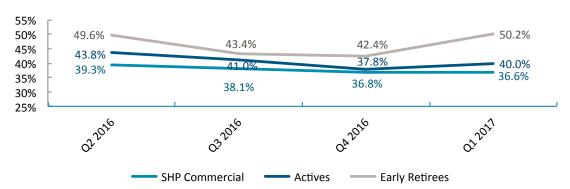
<sup>\*</sup>Incurred between April 1, 2016 and March 31, 2017 and paid through May 31, 2017.

## Prescription Drugs

## SPECIALTY PHARMACY



## Specialty Utilization Rate \$ of Rx Claims



\*Incurred between April 1, 2016 and March 31, 2017 and paid through May 31, 2017.

## **PHARMACY**

### **Quarterly Drug Spending by Drug Category**



<sup>\*</sup>Incurred between April 1, 2016 and March 31, 2017 and paid through May 31, 2017.

## Prescription Drugs

### Dakota Wellness Program

### MONTHLY WELLNESS THEMES

Monthly themes keep the wellness program fresh throughout the year and keeps members engaged in their individual wellness pursuit. Newsletters, e-blasts and worksite posters are used to introduce themes.







### TOP 10 ONLINE WELLNESS ACTIVITIES

These are the top 10 online Novu activities that were selected and completed by NDPERS members.

Dakota Wellness Program

#1



#6



**NUTRITION** 

**STRENGTH** 

#2



#7



**CARDIO** 

**STRESS** 

#3



#8



**BALANCE & MOBILITY** 

**YOGA & RELAXATION** 

#4



#9



**SLEEP HEALTH** 

**PURPOSE** 

#5





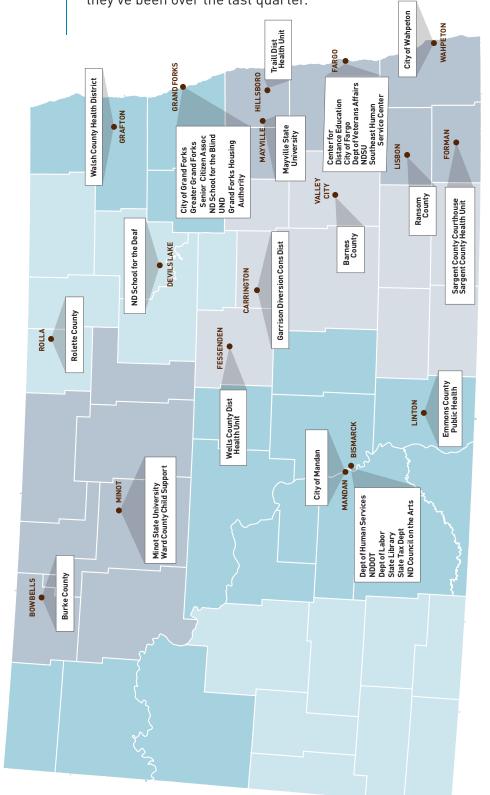
**HEALTHY WEIGHT** 

DAILY HYDRATION CHALLENGE

Dakota Wellness Program

## **EVENT ATTENDANCE BY AGENCY**

The Sanford Health Plan NDPERS wellness team engages members both offline and online. Wellness educators travel across the state to support agency wellness coordinators and provide worksite education and activities. This map shows where they've been over the last quarter.



**TOTAL NUMBER OF AGENCIES VISITED UNDUPLICATED**)

> Wellness Coordinator 1:1 Meetings **Biggest Loser** Yoga Class

No Gym No Problem Overcoming Stress Make It Happen Health Fair

Organize My Life NOVU Paint Your Plate Sitting Disease Mindful Eating Resolutions Stick to Your

PRESENTATIONS/EVENTS:

**TOTAL MEMBER** THIS QUARTER: **ATTENDANCE** 

Leading for Wellness Challenge

In the first quarter of 2017, the Dakota Wellness Program focused on agency leader wellness training and offered two-hour Leading for Wellness sessions in Bismarck, Minot, Fargo and Grand Forks with over 100 agency leaders attending.

Leading for Wellness recognizes organizational culture can serve as an accelerator or barrier to employee well-being. This leadership development training reveals how supervisors, managers, directors and executives can use employee engagement to drive wellness. The following survey responses were collected after the training sessions.

- 1. As a result of the Leading for Wellness presentation, I am more knowledgeable about the connection between employee engagement and employee well-being, with career well-being as the primary driver of overall well-being. 97% of Participants Agreed or Strongly Agreed
- 2. As a leader, I am now more aware of how I can change organizational culture by influencing the six dimensions of well-being with my employees. 92% of Participants Agreed or Strongly Agreed
- 3. I will apply the leadership competencies I learned in the presentation to increase the well-being of my employees. 90% of Participants Agreed or Strongly Agreed
- 4. Which technique(s) resonated the most with you, and which ones do you plan to focus on first? (responses unduplicated)
  - Physical, social, emotional and career well-being
  - Finding out what creates stress for our employees and addressing it
  - Improved sleep
  - Career well-being: strengths, autonomy, positive feedback
  - Stress in the workplace
  - Community well-being
  - Acknowledging achievements and good work of employees
  - Employee engagement
  - Getting more department heads on board with the dimensions of well-being
- 5. Additional Comments: (responses unduplicated)
  - Loved this training! Very insightful. Related a lot to the speaker's examples and discussion.
  - Excellent two hours spent. Well done!
  - Great session! A lot of new information, enjoyed the presentation and examples.
  - Thanks! Worth my time!
  - Really liked the piece on positive reinforcement.
  - Great ideas. I'm anxious to implement them. Thank you!
  - I am not the administrator of our department. Our management sees the need, but does not realize how important wellness is and is "too busy" to assist in any program we try to complete.
  - We will try to restart the in-office concession stand with healthy options.
  - I will apply to the extent my CEO permits.

Dakota Wellness Program

### Performance Standards & Guarantees

MEASURE	GOAL	OUTCOME REPORTING DATES	ОИТСОМЕ		
COST MANAGEMENT:					
Health Risk Assessment	10%	Dec. 31, 2015	17.9%		
HEALTH OUTCOMES:					
Medical Home Enrollment	30%	July 1, 2016	36.5%		
Breast Cancer Screening Rates	80%	June 30, 2017	-		
Cervical Cancer Screening Rates	85%	June 30, 2017	-		
Colorectal Cancer Screening Rates	60%	June 30, 2017	-		
PROVIDER NETWORK/CONTR	ACTING:				
NDPERS PPO network - in-state hospitals, MDs and DOs that participate in the Company's Par Network.	Hospital = 85% MDs & DOs = 85%	Dec. 31, 2015	Hospital = 94% MDs & DOs = 87%		
Minimum provider discount from in-network providers	30% for Non-Medicare contracts	June 30, 2017	-		
Claims Financial Accuracy	99%	June 30, 2017	_		
Claims Payment Incidence Accuracy	97%	June 30, 2017	-		
Claim Timeliness	99%	June 30, 2017	-		
Average Speed of Answer	45 seconds	June 30, 2017	-		
Call Abandoned Rate	7% or less	June 30, 2017	-		
ANCILLARY ITEMS:					
The interest rate utilized currently is based on the US Treasury Notes quoted by the Wall Street Journal	verification	June 30, 2017	-		
Rx rebates passed-through to NDPERS	100%	June 30, 2017	_		
HRA WELLNESS SCORE:					
HRA Wellness Score	5% point increase	Dec. 31, 2016	N/A		
bWell Participation	10%	Dec. 31, 2015	10.8%		
Health Club Credit	Goal = 1,950	July 1, 2016	1,879		

### 23 | NDPERS EXECUTIVE SUMMARY

NOTES		

